

## STATE OF MICHIGAN DEPARTMENT OF NATURAL RESOURCES & ENVIRONMENT ENVIRONMENTAL PROTECTION BUREAU GROUNDWATER DIVISION



## Public Swimming Pools Equipment Change Form

Date:				
SP Number:		(XX-XXXX-XX, found on the pool licens	e, license application, or an inspection report)	
Location Name:				
Address:				
City, State, Zip:				
Contact Person:				
Phone:				
Fax:				
E-mail:				
Pool Location:	Indoor	Outdoor Combination		
Volume (gal):		Flow Rate (gpm):		
Filtration Pump Mak			Existing New	
and Model Numbe	r:			
Pump Motor Horsepowe	r: F	Flow Rate Capacity (gpm): @	Head (ft):	
Filter Make and Mode	el		Existing New	
Numbe	r:			
Filter Type: HRS Pr D	E Othe	r Filter Ar	ea (sq ft):	
			2001	
Chemical Feeder Mak	<b>Ke</b>		Existing New	
and Model Numbe	r:			
Disinfectant: Br Cl	Trichlor			
Feeder Capacity (lb Cl o	r Br / day):			
Flow Meter Make an	ıd		Existing New	
Model Number:				
Pipe Size (in):		Range of Readir	Range of Readings (gpm):	
<u> </u>		-		
DNRE				
Approval:				

This form is used to document proposed changes to swimming pool equipment. This information will assist in determining if the equipment will meet the requirements of the Public Swimming Pool Rules. Please provide the requested information for the pump, filter, chemical feeder, and flow meter whether or not this equipment will be changed. Please mark "existing" or "new" for each piece of equipment. No change to any pool equipment is allowed until approval from DNRE is obtained. A construction permit may be required to obtain approval.

Please fax or e-mail this completed form to:

FAX: 517-241-1328 E-mail: sissonp@michigan.gov or mcgeachyb@michigan.gov

Website: www.michigan.gov/degwb click on Campgrounds & Pools

CPU 04/12/2010